

# APPLICATION FOR REIMBURSEMENT FROM THE COMPENSATION SUPPLEMENT FUND

Michigan Department of Consumer & Industry Services  
Bureau of Workers' & Unemployment Compensation  
PO Box 30016, Lansing, MI 48909

Initial (For Quarter)  
Corrected

**Employer Name** \_\_\_\_\_ (Type or print) **Carrier File No.** \_\_\_\_\_

Employee Name (Last, First, MI)							
Employee Street Address				City		State	Zip Code
Social Security Number		Date of Injury (MM-DD-YYYY)		Average Weekly Wage on Date of Injury		Date of Birth (MM-DD-YYYY)	
Name of Insurance Company or Self-insured						Carrier I.D. Number	
Carrier Address (Street)				City		State	Zip Code
Federal Employer I.D. Number		Reimbursement Requested For: _____ Quarter _____ Calendar Year				Weekly Comp.. Rate on Jan. 1, 1982	
<b>Compensation Paid</b>		Weeks	Days	Supplement Percentage	Weekly Second Injury Fund Differential Benefits Paid	Weekly Compensation Supplement	Total Supplement Paid*
Date from (MM) (DD) (YYYY)	Date to (MM) (DD) (YYYY)						
Length of work week for computing workers' compensation benefits is _____ days.						Total Reimbursement Requested \$ _____	

Number of eligible dependents on January 1, 1982: \_\_\_\_\_

Date of death: \_\_\_\_\_

Date of redemption: \_\_\_\_\_

Return to work: \_\_\_\_\_

Other: \_\_\_\_\_

Comments:

Signature of Authorized Representative (In Ink)		Name of Person to Whom Correspondence Should Be Sent (Please Print)	
Date of this Report		Address	Telephone

\*Calculate the total supplement paid as follows:

Multiply weekly compensation rate on January 1, 1982 times supplement percentage = weekly compensation supplement.

1. If no Second Injury Fund differential benefits are being paid, multiply weekly compensation supplement times weeks and days = total supplement paid.
2. If Second Injury Fund benefits are being paid, deduct weekly Second Injury Fund differential benefits from weekly compensation supplement, times weeks and days = total supplement paid.

**NOTICE: The initial BWC-114 must be filed within three (3) months after the end of the calendar quarter in which benefits are first paid.**